

Arizona Comprehensive Cancer Control Coalition
Disparities Committee Meeting Minutes
November 13 2006
9:30 am-12:00 pm
Inter Tribal Council of Arizona

In Attendance

Jesse Nodora, Agnes Attakai, Norm Petersen, Cynthia Claus, Tim Mathews, Benita McKerry, Zeenat Mahal, Nate Smith, Ross Merritt, Tim Flood, Veronica Vensor, Marie Tymrak, Veronica Perez, Maria Tirado.

Priority Objectives for 2006-2008

- **By 2010, produce and disseminate usable cancer disparity information.**

- ☐ Second Cancer Disparities in Arizona Conference: focus on different key audiences (media, legislators). Actively recruit legislators. Could also consider bringing prevention and treatment providers together.
- ☐ Build on momentum of recent tobacco advances; emphasize connection of smoking to cancer.
- ☐ Follow Prop 203 model to get funds and build infrastructure, or place responsibility on partner agencies
- ☐ Consider the responsibilities that different organizations have and their areas of improvement. Provide leadership to help infrastructures identify what they should be doing in disparities and hold organizations to responsibilities in disparities. Results can have far reaching effects such as directing grant-making, organization priorities, engagement of survivors from minority populations

- **By 2010, key decision makers will actively support the identification and reduction of the leading cancer health disparities for their communities.**

- ☐ Consider an action oriented result or product at the end of 24 months. For example increasing utilization of screening guidelines and tobacco cessation programs, or encouraging use of existing health benefits.
- ☐ Consider development of document that measures access to care. Collect info on where populations are accessing care and their challenges, referral patterns. Develop action plan for program development. Could use CDC recommendation for standard of care (justifies additional funding and action).

□ Map the road to cancer treatment and care from screening to referrals to treatment. This could lead to improved clinic & provider systems.

- Would be looking at improving at different steps of the road from screening to treatment and what happens all through the system.
- PIMC is conducting a survey of providers to better understand the patterns of care from screening to treatment. The committee could use this as a model to identify other structures besides the Indian Health Services as a pilot for improvements. Could turn the pilot project into a demonstration project and develop maps for different racial/ethnic groups, geographic groups, or by specific type of cancer. Consider Kino as a possible site.
- Would lay the groundwork for patient navigation programs by determining needs from screening to referral to treatment. Could lead to increase in utilization of existing screening services like the well woman program.
- Pilot also has potential of leading to the development of valuable documents “Road to cancer treatment and care in AZ “and “How Arizona prevents cancer”.